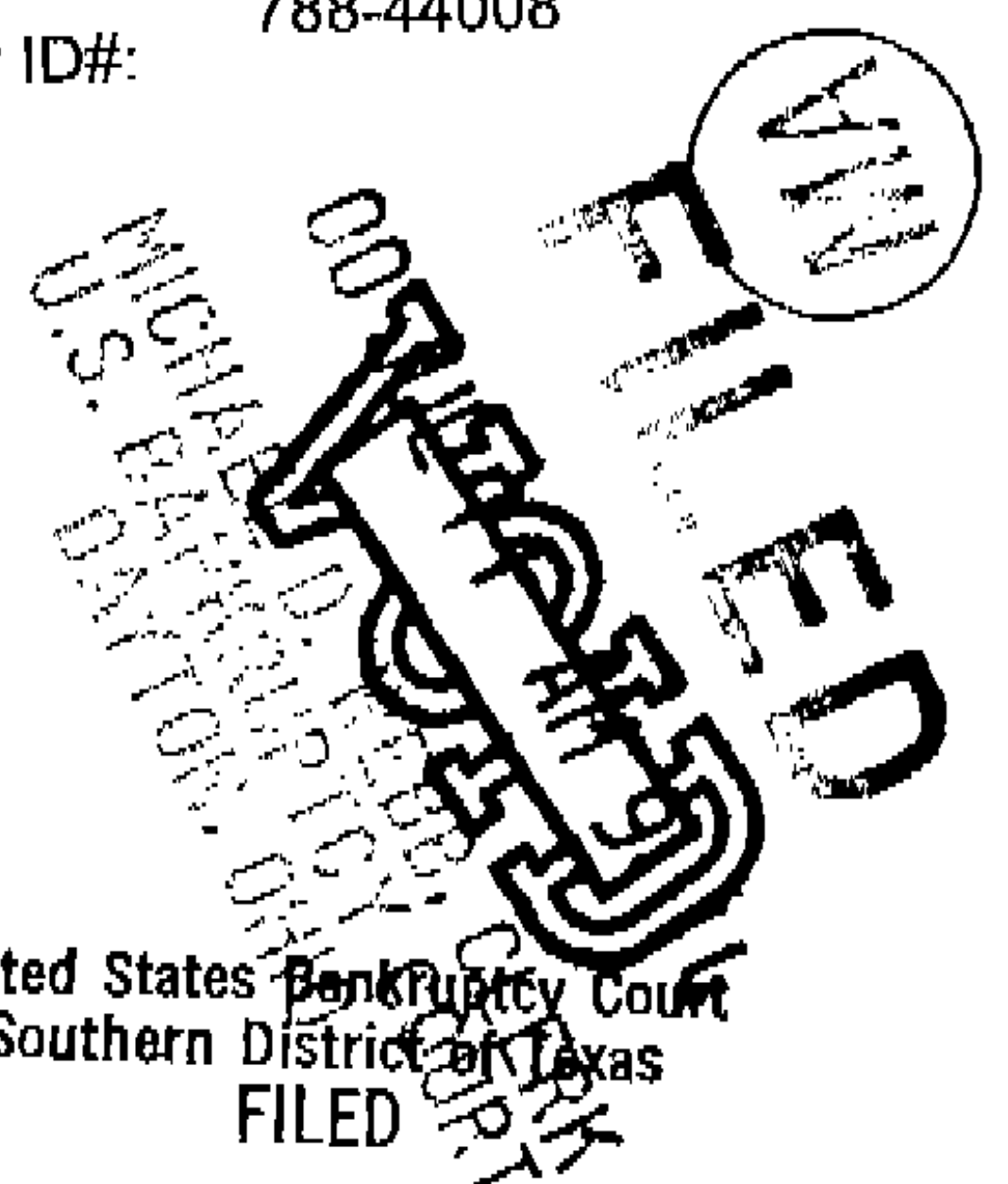

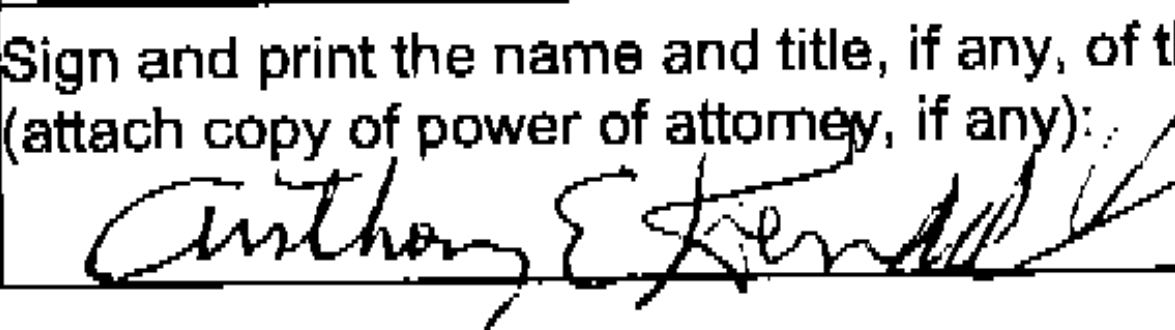


United States Bankruptcy Court
61288, Houston TX 77208SOUTHERN DISTRICT OF TEXAS P.O.Box
(Houston Division)

PROOF OF CLAIM

Name of Debtors Stage Stores, Inc., a Delaware corporation <input checked="" type="checkbox"/> Specialty Retailers, Inc., a Texas corporation <input type="checkbox"/> Specialty Retailers, Inc. (NV), a Nevada corporation <small>*place an "x" beside the name of the Debtor you are filing a claim against</small>		Case Number 00-35078-H2-11 00-35079-H2-11 00-35080-H2-11		Creditor ID#: 788-44008 <div style="text-align: center;">  FILED JUL 19 2000 Michael N. Milby, Clerk </div>	
Name of Creditor (The person or other entity to whom the debtor owes money or property): Miami County Treasurer		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.			
Name and address where notices should be sent: *****MIXED AADC 900 Miami County Treasurer 201 N. Main Street Troy OH 45373 		Check box if you have never received any notices from the bankruptcy court in this case Check box if the address differs from the address on the envelope sent to you by the court.			
Account or other number by which creditor identifies debtor: D08-001 and N44-002, copies attached hereto		Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: _____ as Exhibits A and B respectively			
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Taxes <input type="checkbox"/> Other _____		Retiree benefits as defined in 11 U.S.C. § 1444(a) Wages, salaries, and compensation (Fill out below) Your SS#: _____ Unpaid compensation for services performed from _____ to _____ (date)			
2. Date debt was incurred:		3. If court judgment, date obtained:			
4. Total Amount of Claim at Time Case Filed: \$ 563.68 If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.					
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other All personal and intangible property of Debtor's Estate Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____			6. Unsecured Priority Claim. <input checked="" type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,300),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7) <input checked="" type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)_____ <small>*Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>		
the purpose of making this proof of claim. 8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.					
Date		Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):  Anthony E. Kendell (#0067242) Attorney for Miami Co. Treasurer			
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.					

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"EXHIBIT A"

Specialty Retailers, Inc. Federal I.D. #74-0821900

PERSONAL PROPERTY PPACC Value/Tax Maintenance Screen WALKER

Acct Num: 10000558

XRef Acct: 10000558 Stat:

Relationship:

Name 1 : PALAIS ROYAL INC

Parent:

Dist/Loc: D08 001 TY-YF: 1999-2000

Schedule: 2 Stub: 121144-8 Rate:0.067110

Fil Dt: 04/13/2000 Newest Val/Amt

Total Adjust Original Val/Am

List Value: 5,390

5,390

Exempt Value:

Fil Pen Value: %

Tax Value: 5,390

5,390

Tax Amount: 361.72

361.72

St Pen Amount:

Interest Amt: 14.52

14.52

Paid Amount:

Int Paid

Balance Due: 376.24

Surplus

Assess Type: AD Reason Codes:

Adjust Type:

Adj Numb:

Due Date: 06/12/2000

Contract:

Collect Code:

Fil Comment:

Appeal Dt:

Ext Dt:

Lien Number:

Lien Dt:

Release Dt:

Cert St:

28-Jun-00

"EXHIBIT B"

Specialty Retailers, Inc. Federal I.D. #74-0821900

PERSONAL PROPERTY PPACC Value/Tax Maintenance Screen WALKER

Acct Num: 10000558

XRef Acct: 10000558 Stat:

Relationship:

Name 1 : PALAIS ROYAL INC

Parent:

Dist/Loc: N44 002 TY-YF: 1999-2000

Schedule: 2 Stub: 121145-6 Rate:0.059270

Fil Dt: 04/13/2000 Newest Val/Amt

Total Adjust Original Val/Am

List Value: 3,040

3,040

Exempt Value:

Fil Pen Value: %

Tax Value: 3,040

3,040

Tax Amount: 180.18

180.18

St Pen Amount:

Interest Amt: 7.26

7.26

Paid Amount:

Int Paid

Balance Due: 187.44

Surplus

Assess Type: AD Reason Codes:

Adjust Type:

Adj Numb:

Due Date: 06/12/2000

Contract:

Collect Code:

Fil Comment:

Appeal Dt:

Ext Dt:

Lien Number:

Lien Dt:

Release Dt:

Cert St:

29-Jun-00